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CONFIRMATION NO. 9621

<b>SERIAL NUMBER</b> 10/809,991	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> ASTXNA00402
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/640,967 08/13/2003 which is a CON of 09/535,856 03/27/2000 PAT 6,634,363  
 which is a CIP of 09/296,040 04/21/1999 PAT 6,411,852  
 which is a CIP of 09/095,323 06/10/1998 *now Pending* *OK*  
 This application 10/809,991  
 is a CIP of 09/436,455 11/08/1999 *now Pending*  
 which is a CIP of 09/095,323 06/10/1998 *now Pending*  
 and is a CIP of 09/349,715 07/08/1999 PAT 6,488,673

**\*\* FOREIGN APPLICATIONS \*\*\*\*\****NONE***IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

06/16/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

**ADDRESS**

65025

**TITLE**

Methods of treating reversible obstructive pulmonary disease

<b>FILING FEE RECEIVED</b> 410	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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